Air and Radiation Management Administration • Mobile Sources Control Program 1800 Washington Blvd. • Suite 705 • Baltimore Maryland 21230-1720 (410) 537-3270 • 1-800-633-6101 • http://www.mde.state.md.us



VEHICLE EMISSIONS INSPECTION PROGRAM CERTIFIED EMISSIONS REPAIR FACILITY

APPLICATION

A vehicle repair facility that performs emissions related repairs on vehicles and is seeking certification as a Certified Emissions Repair Facility (CERF) should complete this application and submit it to the address above, or fax it to the attention of Imoni Bouler at (410) 537-4435. There is no application fee. Applicants will be contacted to schedule a facility inspection.

A. Facility Name:				
Address:				
City:		County	County:	
State: Zip	: Phone: ()	Fax: ()	
Person to contact regard	ding facility information:			
Name:	Title:		Phone: ()	
What are your hours of	operation?			
			spection Station in the Vehicle	
B. Indicate mailing address	s for ALL written correspond	ence, if differe	ent from above:	
Name:				
City:	· · · · · · · · · · · · · · · · · · ·	_ State:	Zip:	
C. Facility Ownership.				
Person to contact regard	ding ownership information:			
Name:	Title:		Phone: ()	
If corporately owned, C	orporation Name:			
Corporate Address:	· · · · · · · · · · · · · · · · · · ·			
			y:	
State: Zip	: Phone: ()	Fax: ()	

D. Equipment Requirements. A CERF must possess, maintain and update as required all of the following:

- Emissions diagnostic and repair information for affected model year vehicles
- Scanner capability to interrogate on board diagnostics (OBD) systems of vehicles
- A voltmeter with AC and DC capability
- A DC ammeter
- An ohmmeter
- An engine performance analyzer with a lab scope, or an oscilloscope
- A pyrometer, no less than 750 F
- A fuel or hydraulic pressure gauge
- A vacuum gauge
- A vacuum pump
- A tachometer

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- A dwell meter or duty cycle meter.
- A compression tester or cylinder leak down tester
- A timing light with advance capability
- An exhaust emissions analyzer that conforms, at a minimum, to the California Bureau of Automotive Repair Exhaust Gas Analyzer Specifications, 1979, also known as BAR-80, and which appears on the enclosed VEIP Approved Analyzer List (attached)
- Maryland approved calibration gas, with regulator and pressure gauge

Indicate the make and model number of your emissions analyzer:					
Analyzer Make:	Model #:	_			
Trained Personnel Requirements.					
one location, an MCET must be employed	tified Emissions Technician (MCET). For facilities with more byed at each location . Indicate below all individuals employed CET requirements. Submit an attachment if more than three				
Name:	Phone: ()				
Home address:					
City:	State: Zip:				
Work hours:	MCET #:				
Name:	Phone: ()				
Home address:					
	State: Zip:				
Work hours:	MCET #:				

Name: Phone: (____) City: State: Zip: Work hours: ______ MCET #: _____ F. Workers' Compensation. As required by Section 1-102 of the Transportation Article of the Annotated Code of Maryland, I, do hereby affirm that I am in compliance with Maryland Workers' Compensation Act (Title 9, Labor and Employment Article, Annotated Code of Maryland) in that: I am not an employer subject to the Maryland Workers' Compensation Act, and am not required to provide employee coverage by that Act. I am an employer required to provide employee coverage by the Maryland Workers' Compensation Act and have secured such coverage, and submit the following as evidence: Insurance Company Name_____ Policy or binder number_____ G. Certification. I/We hereby certify that the statements made herein are true and correct to the best of my/our knowledge, and belief. Furthermore. I/we understand that all facility licenses and certificates may be suspended. revoked, or refused, for violations of Vehicle Emissions Inspection Program regulations; or upon repeated evidence that vehicles repaired at the facility, for the purpose of bringing them into compliance with applicable emissions standards, have failed emissions inspections; and /or there is evidence that the facility is not meeting satisfactory performance standards. **Signature** Date Print name and title

E. Trained Personnel Requirements, Continued.